

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Crisco for Congress

ADDRESS (number and street)

P.O. Box 19567

Check if different
than previously
reported. (ACC)

Raleigh

NC

27619

2. FEC IDENTIFICATION NUMBER ▼

C

C00553354

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NC

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
05 06 2014in the
State of

NC

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 01 2014

through

M M / D D / Y Y Y Y
04 16 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Art Goudey Jr

Signature of Treasurer

Mr. Art Goudey Jr

[Electronically Filed]

Date

M M / D D / Y Y Y Y
05 23 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Crisco for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	15755.00	227497.45
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	15755.00	227497.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	240051.85	677416.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	240051.85	677416.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2080.47	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	452000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Crisco for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

12910.00

205461.00

(ii) Unitemized.....

2595.00

15436.45

(iii) TOTAL of contributions from individuals ▶

15505.00

220897.45

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

250.00

1000.00

(d) The Candidate.....

0.00

5600.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

15755.00

227497.45

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

188500.00

527000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

188500.00

527000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.01

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

204255.00

754497.46

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 40

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	240051.85	677416.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	75000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	75000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	240051.85	752416.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	37877.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	204255.00
25. SUBTOTAL (add Line 23 and Line 24).....	242132.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	240051.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2080.47

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 40
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Crisco for Congress

Full Name (Last, First, Middle Initial) A. Michael Amick		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 6669 Bunker Hill Cir		Transaction ID : VNHYHCMW327
City Charlotte	State NC	
Zip Code 28210-4200		Amount of Each Receipt this Period 650.00
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

Full Name (Last, First, Middle Initial) B. Samuel J. 'Chip' Asbury, IV		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 8802 Bonds Grove Church Rd		Transaction ID : VNHYHCMVQ47
City Waxhaw	State NC	
Zip Code 28173-8346		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Asbury Mangaement Group. Inc.	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Jacquelyn C Betts		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1714 Back Creek Ct		Transaction ID : VNHYHCMRSW6
City Asheboro	State NC	
Zip Code 27205-4102		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Social Worker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	2150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Crisco for Congress

A. Full Name (Last, First, Middle Initial)
Kip Blakely

Mailing Address 3704 Dover Park Rd

City Greensboro State NC Zip Code 27407-8315

FEC ID number of contributing federal political committee. **C**

Name of Employer TIMCO Aviation Services Occupation VP

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : VNHYHCJ4S20

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Barbara Cavalluzzi

Mailing Address 4148 Buckhorn Rd

City Sanford State NC Zip Code 27330-0756

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Nurse

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : VNHYHCHYTM5

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Thomas C Childress

Mailing Address 128 S Ellis St

City Salisbury State NC Zip Code 28144-4814

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 10 / 2014

Transaction ID : VNHYHCMRTS3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

Bradley H Crumpler

Mailing Address 515 W Salisbury St

Ste B

City

Asheboro

State

NC

Zip Code

27203-5498

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cherry Bekaert & Holland

Occupation

Accountant

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		10		2014

Transaction ID : VNHYHCMRST1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Ilana Dubester

Mailing Address 97 Box Turtle Rd

City

Pittsboro

State

NC

Zip Code

27312-5358

FEC ID number of contributing
federal political committee.

C

Name of Employer

miraclefeet

Occupation

Independent Consultant

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2014

Transaction ID : VNHYHCMW392

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

Tammy L Ebert

Mailing Address 2728 Cameron Pond Dr

City

Cary

State

NC

Zip Code

27519-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2014

Transaction ID : VNHYHCMWB17

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

710.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

Steven J Frost

A.

Mailing Address 1265 Thayer Dr

City

Asheboro

State

NC

Zip Code

27205-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bank of America

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		10		2014

Transaction ID : VNHYHCNE1J0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Jo Ellen Holder

B.

Mailing Address 121 Alexander Rd

City

Troy

State

NC

Zip Code

27371-8688

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jerry Holder Construction, Inc

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		10		2014

Transaction ID : VNHYHCNE1C3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Katherine Homiller

C.

Mailing Address 1509 Bluebird Ln

City

Asheboro

State

NC

Zip Code

27205-9602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2014

Transaction ID : VNHYHCN3MJ4

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Crisco for Congress

Full Name (Last, First, Middle Initial)
David Hoyle Sr.

Mailing Address 604 Queens Dr

City State Zip Code
Dallas NC 28034-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
04 07 2014

Transaction ID : VNHYHCM94N9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)
Jane Kendall

Mailing Address 3333 Cheswick Dr

City State Zip Code
Raleigh NC 27609-7803

FEC ID number of contributing
federal political committee.

C

Name of Employer
NC Center for Nonprofits

Occupation
Nonprofit Executive

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 14 2014

Transaction ID : VNHYHCMVPP6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)
Kelly S King

Mailing Address 108 Westhaven Cir

City State Zip Code
Winston Salem NC 27104-1855

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Corporation

Occupation
Chair and CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
04 10 2014

Transaction ID : VNHYHCMRSM3

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Crisco for Congress

A. Full Name (Last, First, Middle Initial)
Jimmie Miller

Mailing Address 444 14th St

City Bellingham State WA Zip Code 98225-6105

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt

M M / D D / Y Y Y Y
04 14 2014

Transaction ID : VNHYHCN02A8

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Ben Morgan

Mailing Address 141 Worth St

City Asheboro State NC Zip Code 27203-5517

FEC ID number of contributing federal political committee. **C**

Name of Employer Law Office of Ben Morgan Occupation Lawyer

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt

M M / D D / Y Y Y Y
04 11 2014

Transaction ID : VNHYHCMSA29

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Bruce T Patram

Mailing Address 5892 Old Nc Highway 49

City Asheboro State NC Zip Code 27205-0122

FEC ID number of contributing federal political committee. **C**

Name of Employer Acme-McCrary Corp Occupation Accountant

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt

M M / D D / Y Y Y Y
04 14 2014

Transaction ID : VNHYHCMWAR6

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 40

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Crisco for Congress

A. Full Name (Last, First, Middle Initial)
Erv Portman

Mailing Address 101 Fern Bluff Way

City Cary	State NC	Zip Code 27518-8973
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WestStar Precision	Occupation Owner
--	---------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 10 / 2014

Transaction ID : VNHYHCMM427

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Norman Post Jr

Mailing Address 2018 Shannon Dr

City Sanford	State NC	Zip Code 27330-8230
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Doster, Post, Silverman, Foushee & Pos	Occupation Attorney
--	------------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : VNHYHCHYTH1

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ken Smith

Mailing Address 1283 Westminster Dr
Ste 300

City High Point	State NC	Zip Code 27262-7361
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Smith Leonard PLLC	Occupation CPA
--	-------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : VNHYHCMRS55

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

Robert W Spearman

Mailing Address 150 Fayetteville St

Ste 1400

City

Raleigh

State

NC

Zip Code

27601-2956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parker Poe Adams & Bernstein LLP

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2014

Transaction ID : VNHYHCM94H8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

William Joseph Trogon Jr

Mailing Address 1049 Neely Dr

City

Asheboro

State

NC

Zip Code

27205-4120

FEC ID number of contributing
federal political committee.

C

Name of Employer

SE Trogon and Sons, Inc

Occupation

General Contractor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2014

Transaction ID : VNHYHCMWAN2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Smedes York

Mailing Address PO Box 10007

City

Raleigh

State

NC

Zip Code

27605-0007

FEC ID number of contributing
federal political committee.

C

Name of Employer

York Properties

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2014

Transaction ID : VNHYHCMW979

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

1250.00

TOTAL This Period (last page this line number only).....

12910.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 40

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

The Goodwin Committee

Mailing Address PO Box 27841

City

Raleigh

State

NC

Zip Code

27611-7841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : VNHYHCNHPF6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 40

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Crisco for Congress

A. Full Name (Last, First, Middle Initial)
Keith Crisco

Mailing Address 1263 Thayer Dr

City State Zip Code
Asheboro NC 27205-4142

FEC ID number of contributing federal political committee. **C** H4NC02119

Name of Employer Occupation
AEC Narrow Fabrics Executive

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
393500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 03 / 2014

Transaction ID : VNHYHCNHS20

Amount of Each Receipt this Period

55000.00

B. Full Name (Last, First, Middle Initial)
Keith Crisco

Mailing Address 1263 Thayer Dr

City State Zip Code
Asheboro NC 27205-4142

FEC ID number of contributing federal political committee. **C** H4NC02119

Name of Employer Occupation
AEC Narrow Fabrics Executive

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
462000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : VNHYHCNHS46

Amount of Each Receipt this Period

68500.00

C. Full Name (Last, First, Middle Initial)
Keith Crisco

Mailing Address 1263 Thayer Dr

City State Zip Code
Asheboro NC 27205-4142

FEC ID number of contributing federal political committee. **C** H4NC02119

Name of Employer Occupation
AEC Narrow Fabrics Executive

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
527000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : VNHYHCN4Z53

Amount of Each Receipt this Period

65000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

188500.00

188500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

A. Christine Botta

Mailing Address 13380 Broadstone Way

City	State	Zip Code
Apex	NC	27502-5748

Purpose of Disbursement
Campaign Consulting Expense

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : VNGZ99S40V3

B. Christine Botta

Mailing Address 13380 Broadstone Way

City	State	Zip Code
Apex	NC	27502-5748

Purpose of Disbursement
Campaign Consulting Expense

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

374.18

Transaction ID : VNGZ99S40Y7

C. Christine Botta

Mailing Address 13380 Broadstone Way

City	State	Zip Code
Apex	NC	27502-5748

Purpose of Disbursement
Travel

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

101.69

Transaction ID : VNGZ99S40Z5

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4475.87

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

A. Christine Botta

Mailing Address 13380 Broadstone Way

Date of Disbursement

M M	D D	Y Y Y Y
04	16	2014

City	State	Zip Code
Apex	NC	27502-5748

Purpose of Disbursement
Office Expense

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

124.28

Transaction ID : VNGZ99S40W1

B. Christine Botta

Full Name (Last, First, Middle Initial)

Mailing Address 13380 Broadstone Way

Date of Disbursement

M M	D D	Y Y Y Y
04	16	2014

City	State	Zip Code
Apex	NC	27502-5748

Purpose of Disbursement
Campaign Consulting Expense

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

97.86

Transaction ID : VNGZ99S4103

c. Canal Partners Media

Full Name (Last, First, Middle Initial)

Mailing Address 25 Whitlock PI SW
Ste 201

Date of Disbursement

M M	D D	Y Y Y Y
04	04	2014

City	State	Zip Code
Marietta	GA	30064-3142

Purpose of Disbursement
Advertising Expense

004

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

29819.00

Transaction ID : VNGZ99S41S0

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

30041.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

A. Canal Partners MediaMailing Address 25 Whitlock PI SW
Ste 201

City Marietta State GA Zip Code 30064-3142

Purpose of Disbursement
Advertising Expense

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

61492.00

Transaction ID : VNGZ99S41T8

B. Canal Partners MediaMailing Address 25 Whitlock PI SW
Ste 201

City Marietta State GA Zip Code 30064-3142

Purpose of Disbursement
Advertising Expense

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

61492.00

Transaction ID : VNGZ99S41V6

C. Compass Consulting Services PA

Mailing Address PO Box 18088

City Raleigh State NC Zip Code 27619-8088

Purpose of Disbursement
Postage & Delivery

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

3.79

Transaction ID : VNGZ99S4221

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

122987.79

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

A. Compass Consulting Services PA

Mailing Address PO Box 18088

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Raleigh	NC	27619-8088

Purpose of Disbursement
Postage & Delivery

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

62.43

Transaction ID : VNGZ99S4239

Full Name (Last, First, Middle Initial)

B. Compass Consulting Services PA

Mailing Address PO Box 18088

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Raleigh	NC	27619-8088

Purpose of Disbursement
Postage & Delivery

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

44.48

Transaction ID : VNGZ99S4247

Full Name (Last, First, Middle Initial)

C. Compass Consulting Services PA

Mailing Address PO Box 18088

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Raleigh	NC	27619-8088

Purpose of Disbursement
Accounting Fees

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

2000.00

Transaction ID : VNGZ99S4271

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2106.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

A. Compass Consulting Services PA

Mailing Address PO Box 18088

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

City	State	Zip Code
Raleigh	NC	27619-8088

Amount of Each Disbursement this Period

97.48

Purpose of Disbursement
Postage & Delivery

001

Transaction ID : VNGZ99S4255

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Aaron Fiedler

Mailing Address 10461 Rocky Ford Club Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Charlotte	NC	28269-2844

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Campaign Consulting Expense

001

Transaction ID : VNGZ99S40T5

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. Global Strategy GroupMailing Address 895 Broadway
FL 5

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

City	State	Zip Code
New York	NY	10003-1226

Amount of Each Disbursement this Period

7500.00

Purpose of Disbursement
Campaign Consulting Expense

001

Transaction ID : VNGZ99S41J5

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11597.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

A. Josh Kadrach

Mailing Address 420 W Marshall St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

City	State	Zip Code
Richmond	VA	23220-3936

Purpose of Disbursement
Campaign Consulting Expense

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

500.00

Transaction ID : VNGZ99S4129

B. Alexander Killens

Mailing Address 2205 Lyndhurst Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

City	State	Zip Code
Raleigh	NC	27610-4951

Purpose of Disbursement
Campaign Consulting Expense

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

610.70

Transaction ID : VNGZ99S42F4

c. LA Harris & Associates

Mailing Address 100 Bleu Brook Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Harrodsburg	KY	40330-2239

Purpose of Disbursement
Campaign Consulting Expense

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

6500.00

Transaction ID : VNGZ99S40Q2

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7610.70

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

A. LA Harris & Associates

Mailing Address 100 Bleu Brook Dr

City	State	Zip Code
Harrodsburg	KY	40330-2239

Purpose of Disbursement
Campaign Consulting Expense

001

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

1141.91

Transaction ID : VNGZ99S42K6

Full Name (Last, First, Middle Initial)

B. Robert E McCormick

Mailing Address 4820 Old Hwy 421

City	State	Zip Code
Yadkinville	NC	27055

Purpose of Disbursement
Campaign Consulting Expense

001

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : VNGZ99S41K3

Full Name (Last, First, Middle Initial)

c. Media Inc.

Mailing Address 404 Brightling Way

City	State	Zip Code
Holly Springs	NC	27540-3313

Purpose of Disbursement
Advertising Expense

004

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

1384.40

Transaction ID : VNGZ99S41D5

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4026.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

A. Media Inc.

Mailing Address 404 Brightling Way

City	State	Zip Code
Holly Springs	NC	27540-3313

Purpose of Disbursement
Campaign Consulting Expense

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : VNGZ99S4152

B. Media Inc.

Mailing Address 404 Brightling Way

City	State	Zip Code
Holly Springs	NC	27540-3313

Purpose of Disbursement
Campaign Materials

006

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

8372.08

Transaction ID : VNGZ99S41A2

c. Media Inc.

Mailing Address 404 Brightling Way

City	State	Zip Code
Holly Springs	NC	27540-3313

Purpose of Disbursement
Campaign Materials

006

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

8372.07

Transaction ID : VNGZ99S41C8

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

17744.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

A. Media Inc.

Mailing Address 404 Brightling Way

City	State	Zip Code
Holly Springs	NC	27540-3313

Purpose of Disbursement
Office Expense

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

75.00

Transaction ID : VNGZ99S42C0

B. Media Inc.

Mailing Address 404 Brightling Way

City	State	Zip Code
Holly Springs	NC	27540-3313

Purpose of Disbursement
Campaign Consulting Expense

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

750.00

Transaction ID : VNGZ99S4160

c. Media Inc.

Mailing Address 404 Brightling Way

City	State	Zip Code
Holly Springs	NC	27540-3313

Purpose of Disbursement
Advertising Expense

004

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

9689.86

Transaction ID : VNGZ99S41F1

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10514.86

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

A. Media Inc.

Mailing Address 404 Brightling Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

City	State	Zip Code
Holly Springs	NC	27540-3313

Purpose of Disbursement
Campaign Consulting Expense

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

2300.00

Transaction ID : VNGZ99S4186

B. Media Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 404 Brightling Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

City	State	Zip Code
Holly Springs	NC	27540-3313

Purpose of Disbursement
Advertising Expense

004

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

10351.60

Transaction ID : VNGZ99S41G9

C. NGP

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15th St NW
Ste 500

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Washington	DC	20005-5006

Purpose of Disbursement
Campaign Consulting Expense

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

700.00

Transaction ID : VNGZ99S40R0

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13351.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Crisco for Congress

Full Name (Last, First, Middle Initial)

A. Resonate Networks, LLC

Mailing Address 11720 Plaza America Dr

City	State	Zip Code
Reston	VA	20190-4757

Purpose of Disbursement
Advertising Expense

004

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : VNGZ99S41X2

B. Sage

Full Name (Last, First, Middle Initial)

Mailing Address 1750 Old Meadow Rd

City	State	Zip Code
McLean	VA	22102-4327

Purpose of Disbursement
Bank Service Charge

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

387.99

Transaction ID : VNGZ99S40P4

C. Kevin Study

Full Name (Last, First, Middle Initial)

Mailing Address 27842 E Savannah Trl

City	State	Zip Code
Lake Barrington	IL	60010-2353

Purpose of Disbursement
Campaign Consulting Expense

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : VNGZ99S40S7

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7387.99

SCHEDULE C (FEC Form 3)
LOANS

PAGE 27 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCM95Y3L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 25 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

15000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 28 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCM9617L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 12 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 29 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCM9641L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 10 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 30 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCM9674L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

12500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 11 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

12500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 31 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCM9690L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

M M / D D / Y Y
02 / 18 / 2014

Date Due

M M / D D / Y Y
none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

15000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 32 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCM96B6L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 28 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

30000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 33 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCM96E0L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 06 / 2014

Date Due

M M / D D / Y Y Y Y

D D / Y Y Y Y

none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

30000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 34 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCM96F7L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

35000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

35000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 07 / 2014

Date Due

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y
none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

35000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 35 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCM96M5L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

47000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

47000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 13 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

47000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 36 OF 40

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCM96P1L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

22000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

22000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 20 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

22000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 37 OF 40

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCM96R7L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

47000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

47000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 27 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

47000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 38 OF 40

Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCNHS20L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

55000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

55000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 03 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

55000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCNHS46L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

68500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

68500.00

TERMS

Date Incurred

M / D / Y
04 / 11 / 2014

Date Due

M / D / Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

68500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 40 OF 40

Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNHYHCN4Z53L

Crisco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Keith Crisco

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1263 Thayer Dr

City

State

ZIP Code

Asheboro

NC

27205-4142

Original Amount of Loan

65000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

65000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 16 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

65000.00

TOTALS This Period (last page in this line only)..... ►

452000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.